

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) United We Can			FEC IDENTIFICATION NUMBER ▼ C C00523621		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 08 / 28 / 2016</div>					
Full Name of Payee Terra Strategies, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 26 / 2016		
Mailing Address 100 East Grand Ave. Suite 380			Amount 801534.25		
City Des Moines		State IA	Zip Code 50309		Transaction ID : D366967
Purpose of Expenditure Canvassing Services		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 08 / 26 / 2016	
Name of Federal Candidate DONALD J TRUMP			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee The Pivot Group			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 26 / 2016		
Mailing Address 1720 I Street, NW Suite 550			Amount 16840.42		
City Washington		State DC	Zip Code 20006		Transaction ID : D366968
Purpose of Expenditure Voter Canvass Literature		Category/Type 006		Date of Disbursement or Obligation MM / DD / YYYY 08 / 26 / 2016	
Name of Federal Candidate DONALD J TRUMP			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			818374.67		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Gerald Hudson</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 08 / 31 / 2016		